

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EU578405639US, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated: February 3, 2003

Signature: *Elena Maglito*  
(Elena M. Maglito)

TIA  
2-19-03  
Docket No.: HO-P02089US1  
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Patent Application of:  
J. Stuart Cumming

Application No.: 09/943,910

Group Art Unit: 3738

Filed: August 31, 2001

Examiner: C. Gilpin

For: INTRAOCULAR LENSES WITH FIXATED  
HAPTICS

*EW/M*  
RECEIVED

FEB 06 2003

TECHNOLOGY CENTER R3700

Commissioner for Patents  
Washington, DC 20231

REQUEST FOR EXTENSION OF TIME

Dear Sir:

Applicant hereby petitions for a one month extension of time to and including February 7, 2003 to respond to the Office Action mailed October 7, 2002. Our check in the amount of \$55.00 covering the fee set forth in 37 CFR 1.17(a)(1) is enclosed.

In the event that a further petition for an extension of time is required to be submitted at this time, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time for as many months as are required to ensure that the above-identified application does not become abandoned.

The Commissioner is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 06-2375, under Order No. HO-P02089US1.

Dated: February 3, 2003

Respectfully submitted,

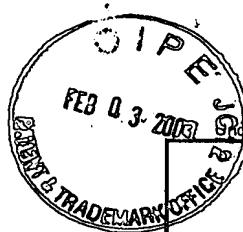
By *Edward D. Steakley*  
Edward D. Steakley  
Registration No.: 47,964  
FULBRIGHT & JAWORSKI L.L.P.  
1301 McKinney, Suite 5100  
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Attorneys for Applicant

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$)** **55.00**

### Complete if Known

Application Number	09/943,910
Filing Date	August 31, 2001
First Named Inventor	J. Stuart Cumming
Examiner Name	C. Gilpin
Group Art Unit	3738
Attorney Docket No.	HO-P02089US1

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None  
 Deposit Account

Deposit Account Number **06-2375**

Deposit Account Name **Fulbright & Jaworski L.L.P.**

The Commissioner is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) <b>(\$)</b> <b>55.00</b>	

#### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20** =	<input type="checkbox"/> x <input type="checkbox"/> =	<input type="checkbox"/> =
Independent Claims	-3** =	<input type="checkbox"/> x <input type="checkbox"/> =	<input type="checkbox"/> =
Multiple Dependent		<input type="checkbox"/> =	<input type="checkbox"/> =

#### Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) **(\$)** **0.00****

\*\*or number previously paid, if greater; For Reissues, see above

**SUBTOTAL (3) **(\$)** **55.00****

SUBMITTED BY				
Name (Print/Type)	Edward D. Steakley	Registration No. (Attorney/Agent)	47,964	Telephone (713) 651-5423
Signature	<i>Edward D. Steakley</i>		Date	February 3, 2003

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